

NEW PATIENT FORMS

Name:					Date								
nsv easda	ECTIONS: For the following vering about and then circle	the n	umb	er o	n th	e sc	ale t	hat (corre	espo			
. 1	How critical do you think your parent () is of you? [circle one: mother/father/other]												
	Not at all critical	1	2	3	4	5	6	7	8	9	10	Very critical	
. 1	How critical do you think your p	oarent ((rcle	one:	mot	her/1	fathe) is o r/oth	of yo	u?			
	Not at all critical	1	2	3	4	5	6	7	8	9	10	Very critical	
,	When your parent (zes y	you,	how	ups	et d	o yo	u get?		
	Not at all upset	1	2	3	4	5	6	7	8	9	10	Very upset	
	When your parent (er/fathe) c er/oth	ritici ner]	zes y	you,	how	ups	et d	o yo	u get?		
	Not at all upset	1	2	3	4	5	6	7	8	9	10	Very upset	